

# TRANSMITTAL FORM

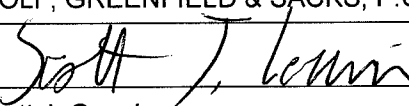
(to be used for all correspondence after initial filing)

|  |   |                        |                        |
|--|---|------------------------|------------------------|
|  |   | Application Number     | 09/411,792-Conf. #8808 |
|  |   | Filing Date            | October 1, 1999        |
|  |   | First Named Inventor   | David Alan Edwards     |
|  |   | Art Unit               | 2191                   |
|  |   | Examiner Name          | T. T. Vo               |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | S1022.80278US00        |

## ENCLOSURES (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Request for Corrected Filing Receipt<br><input checked="" type="checkbox"/> Copy of Original Filing Receipt (03/21/00)<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div>Remarks</div>   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C.  |          |        |
| Signature    |  |          |        |
| Printed name | Scott J. Gerwin   |          |        |
| Date         | May 6, 2010   | Reg. No. | 57,866 |

### Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 6, 2010

Signature:

